ASAIS Required Data Elements

Derived from National Outcome Measures (NOMS)/Treatment Episode Data Set (TEDS)

Screening For QUESTION	FIELD	VALID ENTRIES
ID	FIELD	THE ENTRIED
	ASAIS Worker ID	Alphanumeric
	Record Count	Numeric
	Date of Screening	_YYYYMMDD
	Fund Code	SA
	Provider Identifier	ASAIS Vendor ID
	ASAIS Client ID	An identifier of numeric characters that is unique within
		the state – Most often, this will be blank
	First Name	Alphanumeric
	Last Name	Alphanumeric
	Alias 1	Alphanumeric
	Alias 2	Alphnumeric
	Social Security Number	XXX-XX-XXXX
	Street	Alphanumeric
	Street2	Alphanumeric
	City	Alphanumeric
	State	Postal Code for the state
	Zipcode	Numeric
	Home Phone	Numeric
	Work Phone	Numeric
	Residence County	Autauga
		Baldwin
		Barbour
		Bibb
		Blount
		Bullock
		Butler
		Calhoun
		Chambers
		Cherokee
		Chilton
		Choctaw
		Clarke
		Clay
		Cleburne
		Coffee
		Colbert
		Conecuh
		Coosa
		Covington
		Crenshaw
		Cullman
		Dale
		Dallas
		Dekalb
		Elmore
		Escambia
		Etowah

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		Fayette Franklin	
		Geneva	
		Greene	
		Hale	
		Henry	
		Houston	
		Jackson	
		Jefferson	
		Lamar	
		Lauderdale	
		Lawrence	
		Lee	
		Limestone	
		Lowndes	
		Macon	
		Madison	
		Marengo	
		Marion	
		Marshall	
		Mobile	
		Monroe	
		Montgomery	
		Morgan	
		Perry	
		Pickens	
		Pike	
		Randolph	
		Russell	
		Shelby	
		St. Clair	
		Sumter	
		Talladega	
		Tallapoosa	
		Tuscaloosa	
		Walker	
		Washington	
		Wilcox	
		Winston	
		Out of State	
		Unknown	
	Date of Birth	MMDDYYYY	◆ Formatted: Centered
	Gender	Male	Formatted: Centered
		Female	Torriated. Scrittered
		Unknown	
	Race	Black/African American	◆ Formatted: Centered
'		White	. J
		Alaskan Native	
		American Indian	
		Asian	
		Native Hawaiian/Other Pacific Islander	
		More than One Race	
		Other	
1		Other	

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	Ethnicity	Not of Hispanic Origin	← Formatted: Centered
		Puerto Rican	
		Cuban	
		Other Hispanic	
		Mexican/Mexican American	
1	UNCOPE – Used more than planned	Yes	◆ Formatted: Centered
		No	
2	UNCOPE – Neglected Responsibilities	Yes	Formatted: Centered
		No	
3	UNCOPE – Wanted to cut down or stop	Yes	Formatted: Centered
		No	
4	UNCOPE – Objections	Yes	◆ Formatted: Centered
		No	
5	UNCOPE – Preoccupied	Yes	← Formatted: Centered
		No	
6	UNCOPE – Relieve emotional distress	Yes	← Formatted: Centered
		No	
7	UNCOPE – Number of Positive	Numeric	Formatted: Centered
	Responses		
20	CRAFFT – Car	Yes	← Formatted: Centered
		No	
21	CRAFFT – Relax	Yes	◆ Formatted: Centered
		No	
22	CRAFFT – Alone	Yes	◆ Formatted: Centered
		No	
23	CRAFFT – Forget	Yes	◆ Formatted: Centered
		No	
24	CRAFFT – Family and Friends	Yes	← Formatted: Centered
		No	
25	CRAFFT – Trouble	Yes	◆ Formatted: Centered
		No	
26	CRAFFT Score	Numeric	◆ Formatted: Centered

ID ASAIS Client ID Numeric ASAIS Worker ID Numeric Record Count Numeric Date of Entry YYYYMMDD Assessment Date YYYYMMDD Fund Code SA Provider Identifier ASAIS Vendor ID Review Assessment Summary Intake Update Transfer Update Last Name Alphanumeric First Name Alphanumeric Middle Name, Alphanumeric Indigent Offender Yes No	Formatted: Centered	VALID ENTRIES	FIELD	QUESTION
ASAIS Worker ID Numeric Record Count Numeric Date of Entry YYYYMMDD Assessment Date YYYYMMDD Fund Code SA Provider Identifier ASAIS Vendor ID Review Assessment Summary Intake Update Last Name Alphanumeric First Name Alphanumeric Middle Name, Alphanumeric 164 Indigent Offender Yes	/ \			ID
Record Count Numeric Date of Entry YYYYMMDD Assessment Date YYYYMMDD Fund Code SA Provider Identifier ASAIS Vendor ID Review Assessment Summary Intake Update Transfer Update Last Name Alphanumeric First Name Alphanumeric Middle Name, Alphanumeric Indigent Offender Yes	Formatted: Centered	Numeric	ASAIS Client ID	
Date of Entry	Formatted: Centered	Numeric	ASAIS Worker ID	
Assessment Date	Formatted: Centered	Numeric	Record Count	
Fund Code SA Provider Identifier ASAIS Vendor ID Review Assessment Summary Intake Update Last Name Alphanumeric First Name Alphanumeric Middle Name Alphanumeric 164 Indigent Offender Yes	Deleted: MMDDYYY	YYYYMMDD	Date of Entry	
Provider Identifier ASAIS Vendor ID Review Assessment Summary Intake Update Transfer Update Last Name Alphanumeric First Name Alphanumeric Middle Name Alphanumeric 164 Indigent Offender Yes	Formatted: Centered	YYYYMMDD	Assessment Date	
Review Assessment Summary Intake Update Transfer Update Last Name Alphanumeric First Name Alphanumeric Middle Name Alphanumeric 164 Indigent Offender Yes	Deleted: MMDDYYY	SA	Fund Code	
Intake Update Transfer Update	4 , \	ASAIS Vendor ID	Provider Identifier	<u>=</u>
Transfer Update	Formatted: Centered	Assessment Summary	Review	
Last Name Alphanumeric First Name Alphanumeric Middle Name Alphanumeric 164 Indigent Offender Yes	Formatted: Centered	Intake Update		
First Name Alphanumeric Middle Name, Alphanumeric 164 Indigent Offender Yes	Formatted: Centered	Transfer Update		
Middle Name, Alphanumeric 164 Indigent Offender Yes	Formatted: Centered	Alphanumeric	Last Name	
164 Indigent Offender Yes	Formatted: Centered	Alphanumeric	First Name	
	Formatted: Centered	Alphanumeric	Middle Name	
No	4 , ``,	Yes	Indigent Offender	164
	Deleted: Initial	No		
166 Special Adolescent Yes	Formatted: Centered	Yes	Special Adolescent	166
	Formatted: Centered	1	1	

		No
168	IIIV Forly Intervention	No Yes
108	HIV Early Intervention	
1.65	C	No V
165	Special Women's Program	Yes
1.07	D 1 1D 1 D	No
167	Pardons and Paroles Program	Yes
1	D :1 11 ::0	No No
100	Provider Identifier	ASAIS Vendor ID
109	Co-Dependent/Collateral	Yes
107	N. 1 CD: T T 1	No
137	Number of Prior Treatment Episodes	0 previous episodes
		1 previous episode
		2 previous episodes
		3 previous episodes
		4 previous episodes
		5 or more previous episodes
110	D.: 1 C f D - f 1	Unknown
110	Principal Source of Referral	Self (Individual) Parent
		Physician Sahaal System
		School System Other Ferrily (Relative
		Other Family/Relative Friend
		Spouse DHR
		Employer/EAP
		Court/Correctional Agency
		State/Federal Court
		Formal Adjudication Process
		Probation/Parole
		Recognized Legal Entity
		DUI/DWI
		Diversionary Program/TASC
		Prison
		Other Criminal Justice
		Police
		Guardian
		Other Community Referral
		Education Agency
		State/County Psychiatric Hospital
		General Hospital Psychiatric Hospital
		Other Inpatient Psychiatric Organization
		Nursing Home, Extended Care Organization
		Alcohol Treatment Inpatient/Residential
		Drug Abuse Inpatient/Residential
		Alcohol Treatment Not Inpatient
		Drug Abuse Not Inpatient
		Multi-service Mental Health Agency
		Outpatient Psychiatric Service/Clinic
		Private Psychiatrist
		Other Physician
		Other Private Mental Health Practitioner
		Other Health Provider

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127	Employment Status	Partial Day Organization Shelter for Homeless Shelter for Abused Mental Retardation Regional Office ARC MR/DD 310 Organization Vocational Rehabilitation Services Personal-care/Boarding Home Clergy Other Full-Time Part-Time Unemployed/Looking for Work Homemaker Student Retired Disabled Inmate of institution Not looking for work over the past 30 days Supported Employment	4	Formatted: Centered
168,	Education	Preschool/Kindergarten First Grade Second Grade Third Grade Fourth Grade Fifth Grade	4	Formatted: Centered Deleted: 143
		Sixth Grade Seventh Grade Eighth Grade Ninth Grade Tenth Grade		
		Eleventh Grade Twelfth Grade High School Diploma or GED Some education beyond high school but no degree Associate Degree Bachelor's Degree		
		Master's Degree Doctorate No formal education Special Education Other		Deleted: (e.g., M.D., Ph.D., Sc.D., J.D., Ed.D., D.O.)¶
112	Substance Problem Code, Primary	None Alcohol Cocaine/Crack Marijuana/Hashish Heroin Non-Prescription Methadone Other Opiates and Synthetics PCP Other Hellweingerns	4	Formatted: Centered
		Other Hallucinogens Methamphetamine Other Amphetmines		

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			Other Stimulants		
			Benzodiazepines		
			Other Nonbenzodiazepine tranquilizers		
			Barbiturates		
			Other non-barbiturate sedatives or hypnotics		
			Inhalants		
			Over-the-counter		
			Other		
			Unknown		
∦⊢	117	Substance Abuse Problem Code,	See Substance Abuse Problem Code, Primary		
1		Secondary	-		Formatted: Centered
I	122	Substance Abuse Problem Code, Tertiary	See Substance Abuse Problem Code, Primary	4	Formatted: Centered
	114	Usual Route of Administration, Primary	Oral	4	Formatted: Centered
		-	Smoking		
			Inhalation		
			Injection - IV		
			Injection - Intramuscular		
			Other		
۱t	119	Usual Route of Administration,	See Usual Route of Administration, Primary	4	Formatted: Centered
1	117	Secondary	See Osuar Rodge of Administration, Filmary		Tornatted. Centered
ıŀ	124	Usual Route of Administration, Tertiary	See Usual Route of Administration, Tertiary	4	Formatted: Centered
۱H	115	Frequency of Use, Primary	No use in the past month	4	
	113	rrequency of Ose, Filliary	1-3 times in the past month	• • • • • •	Formatted: Centered
			1-2 times in the past month 1-2 times in the past week		
			3-6 times in the past week		
			Daily		
╁	120	E CH C 1	Other CH P:		
- -	120	Frequency of Use, Secondary	See Frequency of Use, Primary	4	Formatted: Centered
1	125	Frequency of Use, Tertiary	See Frequency of Use, Tertiary	4	Formatted: Centered
Ш	116	Age of First Use, Primary	00 (Indicates a newborn with a substance	4	Formatted: Centered
			dependency problem)		
			01-95 (Indicates the age at first use for illegal drugs		
			or age of first intoxication for alcohol)		
			96 (Not applicable)		
1			97 (Unknown)		
	121	Age of First Use, Secondary	See Age of First Use, Primary	◆	Formatted: Centered
	126	Age of First Use, Tertiary	See Age of First Use, Primary	4	Formatted: Centered
1	136	Opioid Replacement Therapy	Yes	4	Formatted: Centered
			No		Formatted. Centered
İ	130	Residential Arrangements	Independent Living	4	Formatted: Centered
			Resides with Family		
			Homeless/Shelter		
			Jail or correctional facility		
			Other institutional setting (ex. nursing home)		
			Center operated/contracted residential program		
			Center subsidized housing		
			Alabama Housing Finance Authority housing		
			Other (ex. foster care, DYS group home)		
╁	138	Number of Arrests in 30 days prior to	00-96 (Number of arrests)	4	Formatted: Centered
	130	admission	97 (Unknown)	4-	romatted: centered
1	157	Assessed Level of Care	Early Intervention		F
	<u>157</u>	Assessed Level of Care	I	*	Formatted: Centered
IL			Outpatient		

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			Intensive Outpatient Partial Hospitalization Clinically Managed Low Intensity Residential Services Clinically Managed Medium Intensity Residential Services Clinically Managed High Intensity Residential Services Medically Monitored Intensive Inpatient Treatment Medically Managed Intensive Inpatient Treatment
l I			Ambulatory Detoxification Without Extended On-Site Monitoring
1			Ambulatory Detoxification With Extended On-Site Monitoring
			Clinically Managed Residential Detoxification
			Medically Monitored Inpatient Detoxification Medically Managed Intensive Inpatient Detoxification
			Opioid Maintenance Thearapy
l	160	Reason for Difference between	No Difference
•		Assessed and Placed Level of Care	Service not available
			Indicated level denied by supervisor
			Screener override
			Consumer preference Court Order
			Other
I	113	Detailed Drug Code, Primary	None
			Alcohol
			Crack
			Other Cocaine
			Marijuana/Hashish Heroin/Morphine
			Non-Prescription Methadone
			Codeine
			Propoxyphene (Darvon)
			Oxycodone (Oxycontin)
			Meperidine (Demerol)
			Hydromorphone (Dilaudid)
			Other Narcotic Analgesics Pentazocine (Talwin)
			PCP or PCP Combination
			LSD
			Other Hallucinogens
			Methamphetamine/Speed
			Amphetamine Methylphenidate (Old-Recoded to 1202)
			Other Stimulants
			Alpraxolam (Xanax)
			Chlordiaepoxide (Librium)
			Clorazepate (Tranxene)
			Diazepam (Valium)
			Flurazepam (Dalmane) Lorazepam (Ativan)
			Triazolam (Halcion)
			Other Benzodiazepines
			Meprobamate (Miltown)
	· · · · · · · · · · · · · · · · · · ·	·	

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1			_	
		Other Tranquilizers		
		Phenobarbital		
		Secobarbital/Amobarbital (Tuinal)		
		Secobarbital (Seconal)		
		Ethchlorvynol (Placidyl)		
		Gluthethimide (Doriden)		
		Methaqualone		
		Other Non-Barbiturate Sedatives		
		Other Sedatives		
		Aerosols		
		Nitrites		
		Other Inhalants		
		Solvents		
		Anesthetics		
		Diphenyhdramine		
		Diphenylhydantoin/Phenytoin (Dilantin)		
		Prevention		
		Methylenedioxymethamphetamine (MDMA, Ecstasy)		
		Flunitrazepam (Rohypnol)		
		GHB/GBL		Deleted: (Gamma-Hydroxybutyrate,
		Ketamine (Special K)		Gamma-butyrolactone)
		Clonazepam (Klonopin, Rivotril)		Formatted: Centered
		Hydrocodone (Vicodin)		Formatted: Centered
		Tramadol (Ultram)	/,	Formatted: Centered
		Methylpehnidate (Ritalin)	///	/
		Other Drugs	1//	Formatted: Centered
118	Detailed Drug Code, Secondary	See Detailed Drug Code, Primary	→ ′////	Formatted: Centered
123	Detailed Drug Code, Tertiary	See Detailed Drug Code, Primary	→ ////	Formatted: Centered
120	DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –	∃ √///	1
1	Axis I – Primary	represents a blank	-1 $i \in I$	<u></u>
	Timb I Timary	999.97 Unknown	/ //	[[2]
1	DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –	∃	Formatted: Centered
1	Axis I – 2 nd Primary	represents a blank	111	Formatted: Centered
	Timb 1 2 Timary	999.97 Unknown	147	Formatted: Centered
1	DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –	- / 1 1 // - / 1 1 //	Formatted: Centered
1	Axis I – Secondary	represents a blank	1 1111	1
	Timis 1 Becondary	999.97 Unknown	1.107	Formatted: Centered
	DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –	−	Formatted: Centered
1	Axis II - Primary	represents a blank	-1	Formatted: Bullets and Numbering
	71XIS II TIIIIMI Y	999.97 Unknown	1///	Deleted: -
1	DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –		Deleted: Primary Support Group¶
1	Axis II – Secondary	represents a blank	1.14	Social/Environment¶
	TAIS II — Secondary	999.97 Unknown	1 1 11	Educational¶
	DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –	1 / ///	Occupational¶ Housing¶
	Axis III - Primary	represents a blank	4 ¹ ∫	Economic¶
	Axis III - I Illiai y	999.97 Unknown	1 11 11	Healthcare Access¶ Legal¶
1	DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –	- J I	Other¶
1	Axis III – Secondary	represents a blank	11	None
	1115 III – Secondary	999.97 Unknown	\mathcal{H}	
1	DSM IV Diagnosis		- #/	´
	Axis IV — Primary Support Group	Yes No.	★ ₩	[3]
	DSM IV Diagnosis Axis IV –		+	Formatted: Centered
	Social/Environmental	Yes No		Formatted: Centered
1	Social/Environmental	110		Formatted: Centered

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	DSM IV Diagnosis Axis IV –	Yes	4	Formatted: Centered
	Educational	No		
	DSM IV Diagnosis Axis IV –	Yes	4	Formatted: Centered
	<u>Occupational</u>	<u>No</u>		
	DSM IV Diagnosis Axis IV – Housing	Yes	4	Formatted: Centered
		No		
	DSM IV Diagnosis Axis IV –	Yes	4	Formatted: Centered
	Economic	No		Torriatted. Contered
	DSM IV Diagnosis Axis IV –	Yes	4	Formatted: Centered
	Healthcare Access	No		Torriatted. centered
	DSM IV Diagnosis Axis IV – Legal	Yes	4	Formatted: Centered
	DSWITT Diagnosis Mais IV - Legar	No		Formatted. Centered
	DSM IV Diagnosis Axis IV – Other	Yes	4	Formatted: Centered
	DSWTV Diagnosis Axis IV - Other	No	,	Formatted. Centered
	DSM IV Diagnosis Axis IV – None	Yes	4	Farmanttad Contained
	DSWITY Diagnosis Axis IV – None	No		Formatted: Centered
	DSM IV Diagnosis	0-100 GAF Score	4	Farmantha de Control d
		0-100 GAF Score		Formatted: Centered
	Axis V—Highest GAF	0-100 GAF Score		Deleted: -
	DSM IV Diagnosis	U-100 GAF Score		Deleted: Primary
	Axis V – Current GAF	Y/	(```	Formatted: Centered
	DSM IV Diagnosis Axis V – SMI	Yes	* ()	Deleted: Secondary
100		No	``.	
133	Co-Occurring Screen Results	Yes	***	Formatted: Centered
		No	-	Formatted: Centered
134	Co-Occurring Assessment Performed	Yes	4	Formatted: Centered
107		No		
135	Co-Occurring Disorder Identified	Yes	4	Formatted: Centered
		No		
131	Pregnant at Time of Admission	Yes	4	Formatted: Centered
		No		
		Not Applicable		
132	Veteran Status	Yes	4	Formatted: Centered
		No		
169	Marital Status	Legally Married	4	Formatted: Centered
		Never Married		Deleted: 142
		Separated/Legally or Otherwise Absent		
		Divorced		
		Widowed		
		Common Law/Cohabitating		
139	Financial Support	Wages/Salary	4	Formatted: Centered
		Public Assistance		
		Retirement/Pension		
		Disability		
		None		
		Other		
140	Health Insurance	Private Insurance (other than Blue Cross/Blue Shield or	4	Formatted: Centered
		an HMO)		
		Blue Cross/Blue Shield		
		Medicare		
		Medicaid		
		Health Maintenance Organization	L	Deleted: (HMO)
	1	Other	1 -	

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		Unknown
28	Hearing Status	Hearing
		Hard of Hearing
		Deaf
129	Linguistic Status	English Proficiency
	_	Limited English Proficiency
		Low Literacy Level
		Not Literate
		Cognitive Disability
		Other Disability
163	Release of Information	Yes
		No
141	Primary Source of Payment	No Charge (Free, Charity, Special Research or
		Teaching)
		Worker's Compensation
		Personal Resources (Self/Family)
		Health Insurance Companies (Not BCBS)
		Service Contract (EAP, HMO, public mental health
		authority)
		Medicaid
		Medicare
		Other Government Payments
		Blue Cross/Blue Shield
		DMH
61	Disposition	Admitted
		Referred
		Interim Care
		Waiting List
		Refused Services

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Discharge Summary

QUESTION	FIELD	VALID ENTRIES
ID		
	Provider Identifier	ASAIS Vendor ID
	Client Identifier	An identifier of alphanumeric characters that is unique within the state
	Fund Code	SA
200	Co-Dependent/Collateral	Yes No
201	Date of Last Contact	MMDDYYYY
202	Date of Discharge	MMDDYYYY
217	Reason for Discharge, Transfer or Discontinuance of Treatment	Treatment Completed Left against professional advice (dropped out) Terminated by facility Transferred to another substance abuse treatment program or facility Transferred to another substance abuse treatment program or facility, but did not report Incarcerated Death Other
203	Substance Problem at Discharge,	Unknown None

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	Primary	Alcohol
		Cocaine/Crack
		Marijuana/Hashish
		Heroin
		Non-Prescription Methadone
		Other Opiates and Synthetics
		PCP
		Other Hallucinogens
		Methamphetamine
		Other Amphetamines
		Other Stimulants
		Benzodiazepines
		Other Nonbenzodiazepine tranquilizers
		Barbiturates
		Other non-barbiturate sedatives or hypnotics
		Inhalants
		Over-the-counter
		Other
		Unknown
206	Substance Abuse Problem at Discharge	, See Substance Abuse Problem Code, Primary
	Secondary	, see succession reads reads, remaining
209	Substance Abuse Problem at Discharge	, See Substance Abuse Problem Code, Primary
207	Tertiary	, See Substance Mouse Floblem Code, Filmary
204	Detailed Drug Code, Primary	None
204	Detailed Drug Code, Filmary	
		Alcohol
		Crack
		Other Cocaine
		Marijuana/Hashish
		Heroin/Morphine
		Non-Prescription Methadone
		Codeine
		Propoxyphene (Darvon)
		Oxycodone (Oxycontin)
		Meperidine (Demerol)
		Hydromorphone (Dilaudid)
		Other Narcotic Analgesics
		Pentazocine (Talwin)
		PCP or PCP Combination
		LSD
		Other Hallucinogens
		Methamphetamine/Speed
		Amphetamine Amphetamine
		Methylphenidate
		Other Stimulants
		Alpraxolam (Xanax)
		Chlordiaepoxide (Librium)
		Clorazepate (Tranxene)
		Diazepam (Valium)
		Flurazepam (Dalmane)
		Lorazepam (Ativan)
		Triazolam (Halcion)
		Other Benzodiazepines
		Meprobamate (Miltown)
		epi-confine (filito fili)

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		Other Tranquilizers Phenobarbital Secobarbital/Amobarbital (Tuinal) Secobarbital (Seconal) Ethchlorvynol (Placidyl) Gluthethimide (Doriden) Methaqualone Other Non-Barbiturate Sedatives Other Sedatives Aerosols Nitrites Other Inhalants Solvents Anesthetics		
		Diphenyhdramine		
		Diphenylhydantoin/Phenytoin		Deleted: (Dilantin)
		Methylenedioxymethamphetamine.		Deleted: (MDMA, Ecstasy)
		Flunitrazepam	 	Deleted: (Rohypnol)
		GHB/GBL		Formatted: Tabs: Not at 1" +
		Ketamine, Clonazepam,	\`\	1.55"
		Hydrocodone		Deleted: L (Gamma-Hydroxybutyrate,
		Tramadol	,',',	Gamma- ¶ butyrolactone)
		Methylpehnidate.		Deleted: (Special K)
		Other Drugs		`
207	Detailed Drug Code, Secondary	See Detailed Drug Code, Primary	\\\	Deleted: (Klonopin, Rivotril)
210	Detailed Drug Code, Tertiary	See Detailed Drug Code, Primary		Deleted: (Vicodin)
205	Frequency of Use at Discharge, Primary	No use in the past month	`,'	Deleted: (Ultram)
		1-3 times in the past month	· ·	Deleted: (Ritalin)
		1-2 times in the past week		Deleted: 4
		3-6 times in the past week		
		Daily		
		Not Applicable Unknown		
		Not Collected		
208	Frequency of Use at Discharge,	See Frequency of Use, Primary		
208	Secondary	See Frequency of Ose, Filmary		
211	Frequency of Use at Discharge, Tertiary	See Frequency of Use, Tertiary		
214	Residential Arrangements at Discharge	Independent Living		
214	Residential Arrangements at Discharge	Resides with Family		
		Homeless/Shelter		
		Jail or correctional facility		
		Other institutional setting		Deleted: (ex. nursing home)
		Center operated/contracted residential program		
		Center subsidized housing		
		Alabama Housing Finance Authority housing		
		Other		Deleted: (ex. foster care, DYS group
215	Employment Status at Discharge	Full-Time		home)
		Part-Time		
		Unemployed/Looking for Work		
		Homemaker		
		Student		
		Retired	1	

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		Disabled
		Inmate of institution
		Not looking for work over the past 30 days
		Supported Employment
213	Treatment Plan	Addiction Treatment Only
		Plan Includes treatment for co-occurring disorders
216	Number of Arrests in 30 days prior to	00-96 Number of Arrests
	discharge	97 (Unknown),

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Page 4: [1] Deleted		Kristopher Vilamaa	11/15/2007 1:44:00 PM
99		Client Transaction Type	Admission
			Transfer/Change in Service
			Update
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		DSM IV Diagnosis	(XXX.xx) (XXX.x-) (XXX) where –
		Axis II – 2 nd Primary	represents a blank
			Unknown
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		DSM IV Diagnosis	Same as Axis IV - Primary
		Axis IV – Primary2	